## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-27-08</u>	å al	V. 1 // // 01 A	
Case #;	22 + 42764	Address;	Kendallville Police D Kendall Ville	
County:	Moble		_NEMATE VITTE	
Type of Laboratory Scizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c	——— beck all that apply)	
		Residence Outbuilding Vehicle	☐ Hotel/Mote] ☐ Open – No Structure ☐ Other:	
(-00.00 MIL III	nd: Location (bedroom, kitchen, open pat apply) //Ammonia Reaction(s):	a <u>ir, etc)</u>		
$\square$ Red Pho	osphorous/Iodine Reaction(s):			
[ <u>À</u> ] Flammai	ble Solvents: Colemum Fue	L		
LΣi Water R	cactive Metal (Lithium): Priesgra	zer buttery		
L.  Anhydro	nis Ammonia: 🔔 🏬	,		
☐ Hydroch	loric Acid Gas Generator(s):			
Corrosivo	e Acid: Potes drain dean	er.		
∏ Corrosive	e Base: Lyl			
Other (ite	em and location):	·		
No Tes 2 (n)	age 18 discovered (check one) umber present) of to Child Protective Services	Investigative I  Ephedrine/I  Retail/More  Other: V-P b	nformation Pseudoephedrine Tracking Log hant Tip UICK STOP	
This report is	s to be faxed to the following agen	Cies that serve the loca	tion.	
rue Deparime	ont: <u>_/-(</u> ^\stat/\r.//-<	Fax: _ <u>34</u> 7		
Health Department: Nohle (0.		. Fax: <u>_(√3</u> (,,	- Fax: <u>ω</u> 3(ω 2192	
Child Protection	on Service:	Fax;		
2 .0 .		? <u>.890</u> ~552~697	6	
"" This form is listed withir	s to be faxed to the Fire Department, Health	eDepartment and/or Child P.	rotective Services Donastman	

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention,